

**EXECUTIVE SUMMARY**  
**Missouri Mental Health Commission Meeting**  
**Department of Mental Health**  
**1706 East Elm Street—Conference Rooms A/B**  
**Jefferson City, MO 65101**

**April 10, 2008**

---

**PRESENT**

Ron Dittamore, Chair  
Beth Viviano, Secretary  
Phillip McClendon  
Patricia Bolster, M.D.  
Kathy Carter  
David Vlach, M.D.

**STAFF**

Keith Schafer, Department Director  
Lynn Carter, Deputy Director  
Mark Stringer, Division Director, ADA  
Felix Vincenz, CEO, CPS  
Dr. Joe Parks, Division Director, CPS  
Bernie Simons, Division Director, MRDD  
Brent McGinty, Administration  
Jan Heckemeyer, DMH Administration  
Monica Hoy, Assistant to the Director  
Pam Leyhe, Director's Office  
Diane McFarland, Office of Transformation  
Audrey Hancock, Director's Office  
Cathy Welch, Director's Office  
Leigh Gibson, Consumer Safety  
Rikki Wright, General Counsel  
John Heskett, Office of Child MH  
Benton Goon, MIMH

**GUESTS**

Dottie Mullikin, Office of Transformation  
Rhonda Haake, ITSD  
Vickie Epple, Transformation  
Debbie McBaine, Division of ADA  
Angie Stuckenschneider, Division of ADA  
Laurie Epple, Division of ADA  
Barbara Keehn, Division of ADA  
Jackie Coleman, Division of MRDD  
Susan Pritchard-Green, MO Planning Council for DD  
Molly Boeckmann, OA Budget & Planning  
Tim Swinfard, MO CMHC  
Marilyn Nolen, MARF, Springfield  
Greg Kramer, MARF, St. Louis  
Erica Stephens, MO P & A  
Judy Alexander-Weber, Emmaus Homes  
Richard Mesquias, Eli Lilly

TOPIC/ISSUE	DISCUSSION
<b>CALL TO ORDER/ INTRODUCTIONS</b>	<ul style="list-style-type: none"> <li>Ron Dittamore called the Missouri Mental Health Commission Meeting to order at 9:00 a.m. on April 10, 2008. The meeting was held at Department of Mental Health, Conference Room B, 1706 East Elm Street, Jefferson City, MO. Introductions were made.</li> <li>Ron recognized Richard Mesquias with the Eli Lilly Company and thanked him and the Eli Lilly Company for the support they have provided for mental health.</li> <li>Ron reported attending a conference in Washington, D.C. with the National Association for Psychiatric Systems. He visited most of the Missouri Senators and Representatives and asked them to pass the mental health parity legislation.</li> </ul>
<b>APPROVAL OF MINUTES</b>	Phillip McClendon made a motion to approve the Minutes of the March 13, 2008 Mental Health Commission Meeting. Patricia Bolster seconded the motion and the Minutes were approved.
<b>OPEN DISCUSSION</b>	<p>Kathy Carter commended those involved in the Office of Transformation Kickoff event. The Transformation Plan has much information and she is hopeful those plans will be realized.</p> <p>Patricia Bolster shared information on a program on HBO entitled, “Autism-the Musical” that gives an excellent view into the lives of people who are experiencing Autism and encouraged everyone to view it if they have the opportunity.</p>
<b>COMMUNITY TRANSITION COMMITTEE REPORT</b>	<p>Ron Dittamore reported that the Community Transition Committee met via teleconference. Felix Vincenz reported:</p> <ul style="list-style-type: none"> <li>This committee’s mission—to identify facility challenges associated with diversion, access and loss of capacity, and to propose short and long-term solutions, thereby avoiding the need for crisis response.</li> </ul> <p>Challenges identified:</p> <ul style="list-style-type: none"> <li>► Access and Capacity <ul style="list-style-type: none"> <li>Acute Care Facilities <ol style="list-style-type: none"> <li>Loss of Capacity – a) Staffed Capacity—impact of vacancies, high turnover rates, training for front-line supervisors to improve retention, review of private sector staffing models; b) Intermediate security pressures; c) MIDD Patients in Acute Care Facilities; d) Limited Long-Term Options in Forensic/Long-Term Facilities</li> <li>Diversion – a) Rates increasing; b) Impact on Relationship with Courts and Law Enforcement</li> </ol> </li> <li>Forensic/Long-Term Care Facilities <ol style="list-style-type: none"> <li>Changes in Population Served – a) Growth Rate in Incompetent to Stand Trial (IST) Admissions; b) Possible</li> </ol> </li> </ul> </li> </ul>

TOPIC/ISSUE	DISCUSSION
	<p>link to Decline in Civil Commitments; c) Flat Rate of NGRI Admissions</p> <p>2) Availability of Non-Forensic Long-Term Care Beds – a) Few beds available “due to forensic creep;” b) Facility limitations (antiquated FSH and cottage use limitations)</p> <p>3) Missouri’s forensic Inpatient Per Capita one of the highest in the country</p> <ul style="list-style-type: none"> <li>▪ Insufficient Information on “Degree of Need” in excess of current capacity</li> </ul> <p>► Discontinuity of Care and Impact on Discharge and Rehospitalization</p> <p>Possible Solutions for Current and Future Consideration:</p> <p>► Operates Existing Physical Capacity by Ensuring Full Staffing</p> <ul style="list-style-type: none"> <li>▪ Creative Recruitment/Retention Strategies               <ol style="list-style-type: none"> <li>1) Healthcare Provider Shortage (HPSA) Designation</li> <li>2) Loan Pay Off</li> <li>3) Recruitment/Retention/Sign-On Bonuses</li> <li>4) CME/CEU Benefit</li> <li>5) Train Front-Line Supervisors</li> </ol> </li> <li>▪ Assessment of Staffing Shortfalls Compared to Private Sector</li> </ul> <p>► Create System “Throughput” to Enhance Capacity and Reduce Diversion</p> <ul style="list-style-type: none"> <li>▪ MIDD and Transitional Community Placement Budget Items</li> <li>▪ CPS/MRDD Cooperative Agreements</li> <li>▪ IST Legislation to “Control the Backdoor”</li> <li>▪ Expanded EOU capacity</li> <li>▪ Inter-Division Diversion Agreement</li> </ul> <p>► Exploration of strategies to maximize or redistribute capacity</p> <ul style="list-style-type: none"> <li>▪ With current facilities</li> <li>▪ Community Partnerships</li> </ul> <p>► Invest limited resources into diversionary efforts (alternatives to forensics?)</p> <ul style="list-style-type: none"> <li>▪ ACT/IDDT expansion</li> <li>▪ Mental Health Courts</li> <li>▪ ACI and Emergency Room Assist Teams</li> <li>▪ CMHC Support for Jail Environments</li> <li>▪ Outpatient Commitment</li> </ul> <p>► Enhanced Continuity and “Provider Contract 9.0”</p>

TOPIC/ISSUE	DISCUSSION
	<ul style="list-style-type: none"> <li>▪ Provision of 30 days of medication for guests of State</li> <li>▪ Psychiatric Appointment within 30 days</li> <li>▪ Utilization Management</li> </ul>
<b>OVERVIEW OF COMMITTEE STRUCTURE DISCUSSION</b>	<p>Commissioners discussed the expectations of the committees:</p> <ul style="list-style-type: none"> <li>• Roles of Commissioners on committees are seen as a means of education for Commissioners and to help them focus their support for the Department.</li> <li>• Committee role and function will vary by committee.</li> <li>• It was the consensus of the Commission to hold the committee meetings on the day of the regular monthly Commission meeting on a six-month trial basis.</li> <li>• Rikki Wright advised that the Commissioners' meetings with gubernatorial candidates would not be considered public meetings so long as no policy is formulated or decided and no votes are taken. The purpose of the meetings must be informational only. There is no magic number of Commissioners that when gathered will trigger a public meeting; however, the fewer Commissioners that attend the meeting with gubernatorial candidates the less likely that it is possible to cross over from informational to policy development.</li> </ul>
<b>REPORTS FROM COMMITTEES</b>	<ul style="list-style-type: none"> <li>• Community Transition Committee: <ul style="list-style-type: none"> <li>▶ Discussion was held regarding issues in Jackson County jail and the best way for DMH to approach the issue. Also discussed in the Committee was community transition for MRDD clients from the facilities to community and the need to enact the Department Operating Regulation that allows for an independent panel to review and make decisions when the guardian differs from the treatment team. Input was discussed that the Division of CPS may want to consider the same type of Regulation. The independent review panel would need to consist of individuals who are clinically knowledgeable who are not biased toward community or habilitation centers.</li> <li>▶ The Missouri Planning Council has released an RFP to look at limited guardianship. The Committee would like to review the information when the project is complete.</li> <li>▶ Discussion was held regarding easy access into community providers and perhaps an extension of a current project that MRDD and CPS are undertaking in a pilot project in the Western Region. Development of systems that could be designed with the results of the pilot project would allow for better access to immediate care beds.</li> <li>▶ David Vlach discussed the issues of finding and keeping psychiatrists in Missouri and our state system and that we need to begin to look at issues that we could do differently to recruit and retain in our system of care.</li> <li>▶ It was the consensus of this committee to continue to meet on a six-month trial basis.</li> </ul> </li> <li>• Children and Adolescent Committee:</li> </ul>

TOPIC/ISSUE	DISCUSSION
	<ul style="list-style-type: none"> <li>▶ Beth Viviano reported that this group discussed how to do a better job next year legislatively in growing the system of care and what they need to focus on in Children’s Services. This committee’s advocacy and education efforts with the legislature should begin earlier in the budget process. One priority identified was getting children that qualify for Medicaid approved, particularly those that utilize the Voluntary Placement Agreement.</li> <li>▶ It was the consensus of this group to continue to meet on a six-month trial basis.</li> <li>• Budget Development Committee: <ul style="list-style-type: none"> <li>▶ Kathy Carter reported that this group talked about the budget process and a plan to start the budget process a little earlier this year. Last year, Keith Schafer’s letter to stakeholders detailing the proposed budget was sent in mid-July. This committee would like that to be sent about June 1, in order to lay out the current budget environment and items for consideration. This would also allow an extra month to develop input for the actual budget document. They discussed making the budget document more “user-friendly” in order to have more time to put budget items together in a manner that would reflect the department’s philosophy and the Transformation Plan and vision. They would like to invite the general mental health community to participate in the process to bring forward their ideas.</li> <li>▶ The Committee reviewed a rough draft of the document to be used in their meetings with gubernatorial candidates. They want to focus on what they want the candidates to take away from their discussions and help them to understand critical issues for DMH. They hope to have meetings with gubernatorial candidates in May or June.</li> <li>▶ It was the consensus of this committee to continue meeting on a regular basis.</li> </ul> </li> <li>• Keith Schafer emphasized that the public is welcome to attend these committee meetings, as they are public meetings.</li> </ul>
<b>PUBLIC COMMENT</b>	<p>There were no Public Comments. Keith Schafer recognized Richard Mesquias with the Eli Lilly Company and noted the contribution that Eli Lilly has made to mental health, particularly the most recent contribution made to the Missouri Mental Health Foundation. Mr. Mesquais thanked Bob Bax for giving them the opportunity to support the Foundation.</p>
<b>DIRECTOR’S REPORT</b>	<p>Bob Bax provided a Legislative Update and explained the legislation listed:</p> <ul style="list-style-type: none"> <li>• <b>MRDD name change</b> – SB 756 and HB 1627—there was a filibuster on the Senate Bill and Sen. Engler laid the bill over. It could be brought forward again, but is unlikely. The House Bill was voted do pass by the House Health Insurance Committee on April 1.</li> <li>• <b>ICFMR – Provider Tax and MRDD community oversight</b> – SB 1081 and HB 1914 are companion bills combining the provider tax issue and MRDD community oversight. The House Bill will be part of an omnibus health bill from the Healthcare Policy Committee. The Senate Bill is on the calendar for Perfection.</li> <li>• <b>Consumer and Public Safety</b> – SB 974 and HB 1890 are companion bills to address four provisions related to the Division of CPS. The Senate Bill was voted do pass to be reported out of the Senate Health/Mental Health Committee.</li> </ul>

TOPIC/ISSUE	DISCUSSION
	<p>The House Bill will be part of an omnibus health bill to be reported from the Healthcare Policy Committee.</p> <ul style="list-style-type: none"> <li>• <b>Autism Commission and Office of Autism Services</b>—SB 768 creates Missouri Commission on Autism Spectrum Disorders to advise and make recommendations on Autism Spectrum Disorder issues. Provisions of SB 1127 establishing the Office of Autism Services in the Division of MRDD were added to SB 768. Bill passed by Senate.</li> <li>• <b>Autism and Insurance</b>—HB 2265, HB 1753, HB 2351 authorize insurance coverage for autism spectrum disorders. These bills are not moving this session.</li> <li>• <b>Insure Missouri</b>—SB 1283 establishes the Missouri Health Transformation Act of 2008, includes provision for Insure MO to enhance low cost health insurance coverage models. Bill was voted do pass this week in Health/MH Committee.</li> <li>• <b>Joplin Regional Office</b> – SB 1010 authorizes the state to negotiate a transfer of the Joplin Regional Office property to Missouri Southern State University. The DMH supports this as the building is needed by the University. The bill passed the Senate and was heard in the House Corrections and Public Institutions Committee.</li> <li>• <b>Bellefontaine Property Conveyance</b>—SB 1157 conveys 3.8 acres of Bellefontaine property to potential builder of 52 bed facility to be constructed as lease-purchase process by state. Passed Senate as consent. Assigned to House Committee. This may now be a one-time allocation to do an outright purchase rather than a lease/purchase.</li> <li>• <b>Psychologists Prescribe</b>—SB 917, HB 1739 give psychologists ability to prescribe psychotropic medication. DMH has concerns. Senate Bill on calendar for Perfection. House Bill heard February 21 in Professional Registration Committee.</li> <li>• <b>LPCs diagnose</b>—SB 1109, HB 1792 give LPCs ability to diagnose mental illness. Senate substitute voted do pass March 10 from Financial and Government Organization Committee. Changes in substitute have improved Bill. House Bill heard February 28 in Professional Registration Committee.</li> <li>• <b>DMH Provider COLA</b>—SB 1166 required DMH providers to receive same COLA increases as state. Bill was heard March 4 in Health and Mental Health Committee.</li> <li>• <b>Dates of Interest: May 9</b>—Appropriation Bills must be Truly Agreed/Finally Passed. Session ends May 16, 6 p.m.</li> </ul> <p>Budget Update:</p> <ul style="list-style-type: none"> <li>• Jan Heckemeyer and Brent McGinty provided a FY 2009 Budget Summary for Conference showing New Decision Items and Core Changes. The handout showed what the Department requested, the Governor recommended, the House recommended, the Senate recommended and the Over/Under.</li> <li>• Keith Schafer shared that many legislators anticipate a \$200 to \$230 million deficit in 2010 that will most likely make core cuts necessary.</li> <li>• Jan reported that the FY 08 Supplemental Bills have been Truly Agreed and Finally Passed. DMH had four items totaling approximately \$4 million in general revenue, with overtime pay making up the largest part.</li> </ul>
<b>CLOSED EXECUTIVE</b>	Beth Viviano made a motion that the Mental Health Commission go into Closed Executive Session in accordance with

TOPIC/ISSUE	DISCUSSION
<b>SESSION</b>	Section 610.021 (3), RSMo, Personnel. Kathy Carter seconded and a roll call was taken. The motion unanimously passed.
<b>DIVISION AND SECTION UPDATES</b>	<p>Mark Stringer reported on the Division of Alcohol and Drug Abuse:</p> <ul style="list-style-type: none"> <li>• One item within their strategic planning was to work more collaboratively with other state departments to teach them how to deal with substance abuse. One of those collaborations is with Department of Social Services, Children's Division. ADA is working with Children's Division on a federal grant project in Springfield that will be the prototype for collaboration across the state.</li> <li>• They are working with Department of Corrections to do contract amendments with their providers that require proper services and evidence based treatment for offenders.</li> <li>• They are working with MO HealthNet on physician and office-based treatment of Opiate addiction. They are working with clinical and pharmacy staff at MO HealthNet in a consulting role with regard to monitoring and intervening with physicians who are improperly prescribing drugs used in treatment.</li> </ul> <p>Dr. Joe Parks reported on the Division of Comprehensive Psychiatric Services:</p> <ul style="list-style-type: none"> <li>• Dr. Parks acknowledged the work of Virginia Selleck with the Division of Vocational Rehabilitation in obtaining a Supported Employment Grant.</li> <li>• They received a national award on Disease Management and Care Coordination efforts from the Utilization Review Accreditation Commission for the work done with psychiatric medications and use of healthcare technology and in patient safety and care coordination.</li> <li>• They continue to have beds offline because they cannot hire psychiatrists to staff them at both Southeast MO Mental Health Center and Metropolitan St. Louis Psychiatric Center. They have recruited two additional psychiatrists at MPC that will bring them closer to usual capacity.</li> <li>• Draft contracts have been sent to the jails for the MOSOTC transfer of detainees and initial feedback has been received. They hope to close these in the next two weeks to affect transfers by July.</li> <li>• They are applying for a continuation of the Suicide Prevention Grant. Oversight responsibilities of this Grant have moved to Mark Stringer to facilitate more overall coordination with other prevention activities.</li> </ul> <p>Bernie Simons reported on the Division of Mental Retardation/Developmental Disabilities:</p> <ul style="list-style-type: none"> <li>• Bernie provided a document for Commissioners that explains the transfer of total responsibility of the First Steps program to Department of Elementary and Secondary Education (DESE).</li> <li>• Bernie provided a handout showing each Initiative with which the Division is involved. These are now on the Division webpage under "MRDD Initiatives." This should help streamline communications.</li> <li>• Caseloads have been reduced with the continuing of community partnership with SB 40 Boards.</li> <li>• Habilitation Centers population is now at 903 down from 965 a year ago.</li> </ul>

TOPIC/ISSUE	DISCUSSION
	<p>Diane McFarland reported on the Office of Transformation:</p> <ul style="list-style-type: none"> <li>• The Transformation Plan Implementation Kickoff event was held on April 9<sup>th</sup> in Jefferson City. The Plan has been submitted to SAMHSA and will be put into final format after approval. The entire Plan and Needs Assessment will be posted to the DMH/Transformation webpage upon final approval.</li> <li>• Work continues with Mental Health First Aid in partnership with Maryland and the National Council for Behavioral Healthcare to prepare the Mental Health First Aid Manual and bring the training to Missouri in mid-summer.</li> <li>• Joel Slack will continue to be available to conduct RESPECT Seminars in the future.</li> </ul> <p>John Heskett reported on the Office of Comprehensive Child Mental Health:</p> <ul style="list-style-type: none"> <li>• The School Based Mental Health Services item was not funded in the FY 2009 budget but work continues with a partnership with the “Missouri Partnership for Educational Renewal”. This is a collaborative effort between faculty with the College of Education and leadership from 22 school districts in the state. It seeks to support educational improvement in the member schools and research in the College of Education. The partnership supports efforts in Missouri to meet the expectations of academic standards adopted by the State Board of Education and to the “No Child Left Behind” Act. Superintendents in those school districts have decided that unless school districts are serious about early childhood services and mental health, students will not take the next step to higher levels of academic achievement.</li> <li>• John has been working with the Center for the Advancement of Mental Health Practices in Schools to strengthen this partnership. Efforts to keep school based mental health alive in Missouri will go on with these 22 school districts, and others that express a desire to partner with the DMH. They are moving forward to create a comprehensive children’s information system working with other child serving agencies. There was discussion on the possibility of funding of the School Based Mental Health Services in the future.</li> </ul>
<b>FUTURE MEETINGS</b>	The next Mental Health Commission Meeting is scheduled for May 15, 2008 at Tan-Tar-A Resort and Conference Center at Osage Beach, Missouri.
<b>ADJOURN</b>	<p>The Mental Health Commission adjourned at 3:15 p.m.</p> <hr/> <p>Ron Dittmore, Chair</p>